



# Dr. Beate Blumrich

Praxis für Hypnotherapie, spirituelle Hypnose und Bewusstseinsarbeit

## CLIENT INTAKE & CONSENT

Name

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Address

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City, State/Province

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Zip/Postal Code

Country

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Phone (h)

Phone (c)

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Email

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Age

Gender

Marital Status

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Occupation

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If someone referred you to me, please give name or source:

Briefly describe any previous medical or psychological history that you feel is relevant to your PLR - LBL session.

Briefly describe the reason for your visit to undergo hypnosis.

Are you taking any medications or are you under medical care?



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Have you ever been hypnotized before? If yes, for what reason and by whom?

I give my consent to be hypnotized by Beate Blumrich. MD .

I understand it is possible that the regression process might uncover an unpleasant past memory and that this hypnosis session by Beate Blumrich, MD is not designed to cure me of any physical problems or treat me for mental illness.

The information I am able to recall about my past lives, or Life Between Lives®, may be used for research by myself in connection with the Michael Newton Institute for LBL Hypnotherapy, written publication, or speaking engagements to enlighten others about their purpose on earth, as long as my name and any personal identifying information is not used other than age, gender and general occupation, if relevant.

I understand that an agreed appointment can be canceled up to five working days in advance. In any other case the scheduled session must be paid. I receive an invoice after the session via email which I declare to pay.

I understand that my confidentiality will be honored.

Signature

Print Name

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Date

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